DLN: 93493130002332

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

ntemal I	Revenue	Service	The organization may have to use a copy	of this return to satisfy	state reporting	requirements	Inspection		
Fo	r the 2	2011 ca	endar year, or tax year beginning 01-01-2011	and ending 12-31-20	11	D. Eweler 11			
_		pplicable	C Name of organization THE PHILANTHROPY ROUNDTABLE				ntification number		
_	Iress ch	-	Doing Business As			13-294302 E Telephone nu			
_	ne char		-			(202) 822-8333			
Inıt —	ıal retur	rn	Number and street (or P O box if mail is not delivere 1730 M STREET NW NO 601	d to street address) Room/s	uite	G Gross receipts :			
Ten	mınated	d							
Am	ended r	return	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036						
App	lication	pending							
			F Name and address of principal officer ADAM MEYERSON			s a group return			
			1730 M STREET NW NO 601		affiliat	les	⊤Yes 🔽 No		
			WASHINGTON, DC 20036		1 ' '	affiliates include			
Tax	x-exem	npt status	▼ 501(c)(3)		_	," attach a list p exemption nui	(see instructions)		
· W.	obeito	· - \\/\\/	W PHILANTHROPYROUNDTABLE ORG		H(c) Group	p exemption nu	ilibel F		
					1				
			Corporation		L Year of for	mation 1978 M	State of legal domicile DC		
Ра	rt I	Sum	•						
		•	scribe the organization's mission or most sigr ST DONORS IN ACHIEVING THEIR PHILAN		ND TO HELP DO	ONORS ADVAI	NCF LIBERTY.		
ט			UNITY, AND PERSONAL RESPONSIBILITY			ONORS ABVA			
<u>}</u>	-								
Ç	-								
<u>,</u>	, -	Chack th	s box ► If the organization discontinued its	operations or disposed	of more than 21	E0/2 of its not as	coto		
ACUYIUES & SOVEIIIGIILE			of voting members of the governing body (Part		of filore than 2:	3 3	7		
5 ?			of independent voting members of the governing		•	-	7		
			nber of individuals employed in calendar year.	- , , , ,	•	5	27		
5			nber of volunteers (estimate if necessary) .			6	285		
Ţ			elated business revenue from Part VIII, colun		7a	3,900			
			ated business taxable income from Form 990			7b	-2,804		
					Prior	Year	Current Year		
_	8	Contrib	outions and grants (Part VIII, line 1h)		5,735,588	7,190,865			
Revenue	9	Progra	m service revenue (Part VIII, line 2g)			346,560	444,179		
9,46	10	Invest	ment income (Part VIII, column (A), lines 3, 4	I, and 7d)		131,482	194,758		
	11		revenue (Part VIII, column (A), lines 5, 6d, 8d		10,924	7,974			
	12		evenue—add lines 8 through 11 (must equal P		ne	6,224,554	7,837,776		
	13		and similar amounts paid (Part IX, column (A			250,000	250,000		
	14		s paid to or for members (Part IX, column (A),			0	0		
	15	Salarıe	s, other compensation, employee benefits (Pa						
& 2		5-10)			2,562,561	3,031,391			
Expenses	16a 		sional fundraising fees (Part IX, column (A), lii		0	0			
五	b		idraising expenses (Part IX, column (D), line 25) \blacktriangleright 429,6		2 702 024	2.670.244			
	17		expenses (Part IX, column (A), lines 11a-11c		•	2,703,924	2,679,311		
	18 19		xpenses Add lines 13–17 (must equal Part I ie less expenses Subtract line 18 from line 1			5,516,485 708,069	5,960,702 1,877,074		
e 07		NC V CIII	2 (23) expenses Subtract fine 10 from fille 1		Beginning	of Current			
net Assets of Fund Balances						ear	End of Year		
7 °€ 3 m	20		ssets (Part X, line 16)			8,058,631	9,845,038		
g g	21		abilities (Part X, line 26)			194,499	193,933		
	22		sets or fund balances Subtract line 21 from li	ne 20		7,864,132	9,651,105		
	t II		ature Block	in alcoding a constant			Also book of our		
nowl			rjury, I declare that I have examined this return, i, it is true, correct, and complete. Declaration of						
		****	*		1	12.04.27			
Sign	,	I B	* cure of officer	12-04-27 te					
ngn dere		,	MEYERSON PRESIDENT						
			or print name and title						
		Preparer'	s k	Date	Check If		yer identification number		
Paid		signature			self- employed •	(see instructions) P00035293			
	arer's	Firm's na	me (or yours 👠 CLIFTONLARSONALLEN LLP		. , . ,				
Jse (ıf self-en	· · ·			EIN ▶ 41-07467	49 		
		addiess,	2300 3001H QUINCT 51 SUITE 150	Phone no F (703) 998-5100					

ARLINGTON, VA 22206

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes

✓ No

Forn	n 990 (2011) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
THE	FOSTER EXCELLENCE IN PHILANTHROPY, TO PROTECT PHILANTHROPIC FREEDOM, TO ASSIST DONORS IN ACHIEVING IR PHILANTHROPIC INTENT, AND TO HELP DONORS ADVANCE LIBERTY, OPPORTUNITY AND PERSONAL RESPONSIBILITY IN ERICA AND ABROAD
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 812,042 including grants of \$) (Revenue \$ 443,010)
	ANNUAL MEETINGTO FOSTER EXCELLENCE IN PHILANTHROPY THROUGH AN ANNUAL MEETING OF FOUNDATION EXECUTIVES AND INDIVIDUAL PHILANTHROPISTS IN ORDER TO SHARE IDEAS, STRATEGIES, AND BEST PRACTICES IN 2011, 440 ATTENDEES ATTENDED THE ANNUAL MEETING PARTICIPATING IN 26 SESSIONS ON VARIOUS TOPICS TO BECOME MORE EFFECTIVE PHILANTHROPISTS
4b	(Code) (Expenses \$ 1,603,986 including grants of \$ 250,000) (Revenue \$) BREAKTHROUGH GROUP MEETINGS AND SERVICESTO PROVIDE A FORUM FOR DONORS TO DISCUSS BREATKTHROUGH INITIATIVES IN K-12 EDUCATION, NATIONAL SECURITY AND ECONOMIC OPPORTUNITY (SOCIAL ISSUES), SIMON PRIZE AND OTHER PROGRAM AREAS OVER 650 DONORS ATTENDED OUR PUBLIC MEETINGS
	(Code
4 c	(Code) (Expenses \$ 1,319,692 including grants of \$) (Revenue \$)
	ALLIANCE FOR CHARITABLE REFORMTHE ALLIANCE FOR CHARITABLE REFORM IS A PROJECT OF THE PHILANTHROPY ROUNDTABLE ITS MISSION IS TO PROMOTE THE RIGHTS OF DONORS AND PRIVATE FOUNDATIONS TO CHOOSE HOW AND WHERE TO SPEND THEIR CHARITABLE ASSETS AND TO DEFEND AGAINST ANY INITIATIVE THAT SEEKS TO USE THE LEGISLATIVE OR POLITICAL PROCESS TO WEAKEN THAT RIGHT TO CHOOSE
	(Code
	(Code) (Expenses \$ 786,368 including grants of \$) (Revenue \$) PHILANTHROPY MAGAZINE AND OTHER COMMUNICATIONSTO PRODUCE A MAGAZINE WHICH FOCUSES ON BROAD STRATEGIC QUESTIONS OF PHILANTHROPIC
	GIVING AND IS DISTRIBUTED TO MORE THAN 5,000 INDIVIDUALS
	(Code) (Expenses \$ 94,827 including grants of \$) (Revenue \$ 1,169)
	OTHER PUBLICATIONSTO PROVIDE PUBLICATIONS THAT ARE ON TOPICS OF INTEREST WITHIN THE PHILANTHROPIC COMMUNITY THEY HELP DONORS ACHIEVE PHILANTHROPIC EXCELLENCE, INCLUDING IN-DEPTH EXAMINATION OF THE PRINCIPLES AND PRACTICAL ASPECTS OF INTELLIGENT CHARITABLE GIVING A GUIDEBOOK WAS COMMISSIONED ON DONOR INTENT
	(Code) (Expenses \$ 377,488 including grants of \$) (Revenue \$)
	MEMBER SERVICESTO PROVIDE ONE-ON-ONE CONSULTATION OF GOVERNANCE ISSUES AND BEST PRACTICES IN CHARITABLE GIVING
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 1,258,683 including grants of \$) (Revenue \$ 1,169)
4e	Total program service expenses►\$ 4,994,403

art IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	140
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[6]{3}$	10		Νo
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Staten	nents Regarding Other	IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	.	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 50			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	res	
_				
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
3	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		NO
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
4	organization solicit any contributions that were not tax deductible?	ua	162	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	the states in which the organization is needed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
l a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	January Carrier and Payments of March Laming Services during the day year.			.,,,

Νo

Νo

Νo

7a

8b

9

Yes

Yes

Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or charge. See instructions.		n Sche			
S	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	. IZ			
	ction A. Governing body and management		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6		No		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

or persons other than the governing body?

Each committee with authority to act on behalf of the governing body? .

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NY , NC , ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☐ Upon request

more members of the governing body?

year by the following a The governing body? .

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization THE PHILANTHROPY ROUNDTABLE 1730 M STREET NW SUITE 601 WASHINGTON, DC 20036 (202)822-8333

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe	unles an	on (de e thar	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) MIKE GREBE CHAIRMAN	2 00	х		Х				0	0	0
(2) JAMES PIERESON VICE-CHAIRMAN	1 00	х		Х				0	0	0
(3) JOHN TYLER SECRETARY	1 00	х		Х				0	0	0
(4) DONN WEINBERG TREASURER	1 00	х		Х				0	0	0
(5) ANA THOMPSON BOARD MEMBER	1 00	х						0	0	0
(6) JEFF SANDEFER BOARD MEMBER	1 00	х						0	0	0
(7) DANIEL S PETERS BOARD MEMBER	1 00	х						0	0	0
(8) ADAM MEYERSON PRESIDENT	40 00			Х				287,000	0	57,529
(9) SHANNON TORONTO CHIEF OPERATING OFFICER	40 00				х			195,500	0	34,835
(10) SUE SANTA SENIOR VP OF PUBLIC POLICY	40 00				х			233,500	0	40,745
(11) THOMAS RILEY VP FOR COMMUNICATIONS	40 00				х			177,392	0	38,808
(12) BRIAN ANDERSON DIRECTOR OF INFO TECH	40 00					х		123,700	0	36,600
(13) JO KWONG DIRECTOR OF PHILANTHROPIC SERVICES	40 00					х		120,792	0	29,663
(14) ELIZABETH ISELE DIRECTOR OF ECONOMIC OPPORTUNITY	40 00					х		101,385	0	14,500

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation compensation from the organization (W- 2/1099-MISC) (E) Reportable compensation compensation from related organization (W- 2/1099-MISC)									verage Position (do not check Reportable compensation unless person is both an officer and a director/trustee) Position (do not check Reportable compensation compensation which is a compensation of the promote that the promote compensation is an officer and a director/trustee) 2/1099-MISC)							Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W- organizations (W- 2/1099-MISC)								(F) Estima amount o compens from torganizati	ited f other sation the on and
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relat organıza																
											-																	
											-																	
											+																	
											+																	
											+																	
											+																	
1b	Sub-Total				•	٠.		<u> </u>																				
С	Total from continuation sheets t	to Part VII, Sec	tion A					•																				
d 	Total (add lines 1b and 1c) . Total number of individuals (inclu			+ h o o		tod	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1,239,269	<u> </u>	0		252,680															
2	\$100,000 of reportable compens					teu	above) WIIC	received more tha	11																		
												Yes	No															
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					ey e		ee, c	or highest compens	ated employee	3		No															
4	For any individual listed on line 1 organization and related organization and related organization.										4	Yes																
5	Did any person listed on line 1a services rendered to the organization.									r individual for	5	1.55	No															
	ection B. Independent Con	tractors																										
1	Complete this table for your five \$100,000 of compensation from	hıghest comper																										

(A) Name and business address	(B) Description of services	(C) Compensation
1455 PENN AVE NW SHILE 400	LEGISLATIVE CONSULTING SERVICES FOR FEDE	333,000
1501 ATH AVENUE	COMMUNICATION STRATEGY CONSULTING	162,000
2. Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 2

Form 9								Page 9
Part \	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u> </u>	1a	Federated cam	paıgns 1a					
죮	Ь	Membership du	ıes 1b					
S.≣	c	Fundraising ev	ents 1c					
± ±	d	Related organiz	zations 1d					
% <u>E</u>	e	Government grant	s (contributions) 1e					
등등	l f	All other contribution	ons, gifts, grants, and 1f	7,190,865				
至五		sımılar amounts no	ot included above ibutions included in					
Contributions, gifts, grants and other similar amounts	g							
S E	h		s 1a-1f	▶	7,190,865			
	1			Business Code				
Program Serwce Revenue	2a	REGISTRATION FE	ES	541900	439,110	439,110		
eve	Ь	ADVERTISING		541800	3,900	.03/110	3,900	
or Œ	_ c	PUBLICATION SALE		900099	1,169	1,169	3,300	
2	d			300033	1,109	1,109		
B	e	-						
Ē		All other progra	om corvice revenue					
Ş	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		444,179			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	-	163,870			163,870
	4		stment of tax-exempt bond					
	5	Royalties .		<u> </u>				
			(ı) Real	(II) Personal				
	6a	Gross rents Less rental						
	Ь	expenses						
	C	Rental income or (loss)						
	d		me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	169,940					
	Ь	Less cost or	139,052					
		other basıs and sales expenses						
	c	Gain or (loss)	30,888					
	d	Net gain or (los	ss)		30,888			30,888
ıne	8a	Gross income f events (not inc \$	rom fundraising luding					
Other Revenue			s reported on line 1c) ne 18					
je.	Ь	Less directex	penses b					
ᅙ	c		(loss) from fundraising	events 🟲				
	9a	Gross income f	rom gaming activities ne 19					
	b c		a penses b (loss) from gaming activ	vities				
		Gross sales of returns and allo	inventory, less owances .	-				
	b		a oods sold b (loss) from sales of inve	entory 🏲				
	<u> </u>	Miscellaneou		Business Code				
	11a	MISC INCOM		541900	7,974			7,974
	Ь	THE THEOM			·			, ,
	C							
		All other rever	ue					
	d e		ue					
	12		See Instructions .	▶	7,974			
		. J. ui levellue.	Sectionactions :		7,837,776	440,279	3,900	202,732

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	250,000	250,000		· .
2	Grants and other assistance to individuals in the United States See Part IV, line 22		,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,065,308	877,005	128,300	60,003
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,413,864	1,054,536	169,990	189,338
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	149,475	110,146	17,991	21,338
9	Other employee benefits	249,276	190,255	30,319	28,702
10	Payroll taxes	153,468	119,020	18,483	15,965
11	Fees for services (non-employees)				
а	Management				
ь	Legal				_
С	Accounting	1,808		1,808	
d	Lobbying	86,700	86,700		
е	Professional fundraising See Part IV, line 17				-
f	Investment management fees	16,492		16,492	
g	Other	744,885	697,952	46,933	
12	Advertising and promotion				
13	Office expenses	594,579	388,035	150,476	56,068
14	Information technology	31,845	,	31,845	·
15	Royalties	,		,	-
16	Occupancy	338,437		338,437	
17	Travel	235,491	229,177	6,027	287
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	
19	Conferences, conventions, and meetings	525,330	525,032	298	-
20	Interest	,	,		-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,024		2,024	
23	Insurance	,		,	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	STIPENDS AND HONORARIA	53,047	43,478	1,000	8,569
b	OTHER EXPENSES	24,098	4,384	19,714	_
c	DUES AND SUBSCRIPTIONS	24,083	20,587	651	2,845
d	PERSONAL PROPERTY TAXES	492		492	
e					
f	All other expenses		398,096	-444,627	46,531
25	Total functional expenses. Add lines 1 through 24f	5,960,702	4,994,403	536,653	429,646
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 204,718 350,760 1 1 1.789.825 2.008.203 2 2 3 802,000 1,893,750 3 12.897 1.523 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 8 9 29,498 9 74.693 Prepaid expenses and deferred charges 10a 14,855 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 12,767 b Less accumulated depreciation 29,217 10c 2,088 5,184,074 5,490,179 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 6,402 15 15 23,842 8,058,631 9,845,038 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 191,281 126,695 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,218 25 67,238 D 26 194,499 26 193,933 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 6,369,887 27 Unrestricted net assets 6,841,998 1,494,245 28 2.809.107 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 7,864,132 33 9.651.105 34 Total liabilities and net assets/fund balances 8.058.631 9.845.038 34

	Check if Schedule O contains a response to any question in this Part XI			. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,8	337,776
2	Total expenses (must equal Part IX, column (A), line 25)	2			060,702
3	Revenue less expenses Subtract line 2 from line 1	3		1,8	377,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7,8	364,132
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-90,10
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		9,6	51,10
Par	The triangle of the contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis			1	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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DLN: 93493130002332

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

THE PHILANTHROPY ROUNDTABLE

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

13-2943020

									13 23 73			
	rt I			blic Charity Sta						<u>nstructions</u>		
	organı: —			te foundation becaus			= -					
1	<u>_</u>		•	on of churches, or a			=	b)(1)(A)(i)	•			
2		A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sche	dule E)					
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın sectio	on 170(b)(1	l)(A)(iii).			
4	Γ			h organızatıon operal ity, and state	ted in conjun	iction with	a hospital des	cribed in s e	ection 170(b)((1)(A)(iii). E	nter the	
5	Γ			erated for the benefi		e or univers	ity owned or o	perated by	a governmen	tal unit desc	rıbed ın	
	_			(A)(iv). (Complete P	-							
6	<u> </u>			local government or								
7	 ~	describ	ed in	at normally receives (A)(vi) (Complete P		al part of its	s support from	n a governm	iental unit or f	rom the gen	eral public	3
8	Г			described in section		A)(vi) (Co	mplete Part I	I)				
9	Ē			at normally receives					nbutions, men	nbership fee:	s. and aro	SS
	•			rities related to its ex								
		ıts supr	oort from gr	oss investment inco	me and unre	lated busin	ess taxable ır	ncome (less	section 511	tax) from bu	ısınesses	
		acquire	d by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2).(0	omplete Pa	art III)	·		
10	Г			ganized and operated								
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type III c Type III - Functionally integrated d Type III - Other										
e f g	!	other the section If the ocheck the Since A	nan foundati 509(a)(2) rganization his box ugust 17, 2	ox, I certify that the on managers and other than the received a written do 2006, has the organic	her than one etermination	or more pu	iblicly support	Type I, Ty	ations describ	ed in section	n 509(a)(1) or
			g persons?	rectly or indirectly c	ontrols eith	er alone or	together with	nersons de	scribed in (ii)		Yes	No
				governing body of th				persons de	.sembed iii (ii)	11g		140
				er of a person descri		_				11g		
				lled entity of a perso			above?			11g(
h				ng information about						[5	()	
					- по опррои	- u - v - g - · · · - ·						
(i) Name o supporte organizat		e of (ii) (described on col (i) listed vour govern document		ion in ted in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is th organizat col (i) org in the U	ie tion in janized	A mo	/ii) unt of port?		
	(see Instructions)) Yes No Yes No Yes No				No							
ot a	1											

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	under Part III. If the	e organization i	rails to qualify u	inaer the tests i	iistea peiow, pie	ease complete	e Part III.)
	ection A. Public Support endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	in)	(a) 2007	(6) 2008	(6) 2009	(u) 2010	(e) 2011	(i) rotar
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,972,36.	2 4,532,134	5,146,358	5,735,588	7,190,86	26,577,307
_	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge	3,972,36.	2 4,532,134	5,146,358	5,735,588	7,190,86	26,577,307
4	Total. Add lines 1 through 3 The portion of total contributions	3,972,36.	4,532,134	5,146,336	5,735,566	7,190,863	20,577,307
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						4,597,939
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5						
0	from line 4						21,979,368
	ection B. Total Support						
Cal	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	beginning in) A mounts from line 4	3,972,362	4,532,134	5,146,358	5,735,588	7,190,865	26,577,307
8	Gross income from interest,	3,372,302	1,332,131	3,110,330	3,733,300	7,130,000	20,577,507
0	dividends, payments received on						
	securities loans, rents, royalties	175,930	142,838	16,771	131,482	163,870	630,891
	and income from similar						
	sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss	39,635	48,267	15,867	10,924	7,974	122,667
11	from the sale of capital assets Total support (Add lines 7						
	through 10)						27,330,865
12	Gross receipts from related activit	es, etc (See inst	ructions)			12	1,947,566
13	First Five Years If the Form 990 is	for the organizati	on's first, second	, thırd, fourth, or fı	ıfth tax year as a	501(c)(3) orga	nization,
	check this box and stop here						▶ □
	ection C. Computation of Pul	olic Support F	Percentage				
<u>. </u>	Public Support Percentage for 201			11 column (f))		14	80 420 %
15	Public Support Percentage for 201	0 Schedule A , Pa	rt II, line 14			15	82 590 %
	33 1/3% support test—2011. If the	•	·	x on line 13, and l	ine 14 is 33 1/3%		
	and stop here. The organization qua					, 0, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ ▼
b	33 1/3% support test—2010. If the	_			a, and line 15 is 3	33 1/3% or mor	· —
	box and stop here. The organizatio				- 12 16161		▶
ı/a	10%-facts-and-circumstances test is 10% or more, and if the organiza						n
	in Part IV how the organization me						
	organization		-		,	,	▶ □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organ						-1
	Explain in Part IV how the organiza supported organization	tion meets the "f	acts and circums	tances" test The	organization qual	ines as a public	:iy ► [
18	Private Foundation If the organizat	ion did not check	a box on line 13	.16a.16b.17a.or	17b, check this	box and see	FI

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).				
	Facts And Circumstances Test				
	Explanation				

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: **Software Version:**

EIN: 13-2943020

Name: THE PHILANTHROPY ROUNDTABLE

Form 990, Special Condition Description:

Special Condition Description

Olin 990, Part 11	ii - 4 Program Service	Accompns	sillients (See the	instructions)	
4d. Other program se	ervices				
(Code) (Expenses \$	786,368	ıncludıng grants of \$) (Revenue \$)
				GAZINE WHICH FOCUSES ON BROAD MORE THAN 5,000 INDIVIDUALS	
(Code) (Expenses \$	94,827	including grants of \$) (Revenue \$	1,169)
COMMUNITY THEY	HELP DONORS ACHIEVE F	PHILANTHRO	PIC EXCELLENCE, IN	INTEREST WITHIN THE PHILANTHROPIC CLUDING IN-DEPTH EXAMINATION OF A GUIDEBOOK WAS COMMISSIONED O	THE
(Code) (Expenses \$	377,488	including grants of \$) (Revenue \$)
MEMBER SERVICES [.] CHARITABLE GIVIN		E CONSULTA	TION OF GOVERNAN	CE ISSUES AND BEST PRACTICES IN	

DLN: 93493130002332

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

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Employer identification number

13-2943020

Part I-A	Complete if the	e organization is	exempt under sec	ction 501(c) (or is a section 52	<u> 7 organization.</u>

- in opposition to candidates for public office in Part IV 2 Political expenditures
- 3 Volunteer hours

art I-B	Complete if	f the organ	<u>ization is</u>	exempt under	section 50	01(c)(3	<u>). </u>

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
 - Did the filing organization file Form 1120-POL for this year? Yes
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

cheaule C (I	-or	m 990 or 990-E2) 2011 Page
Part II-A		Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).
Check	Γ	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI expenses, and share of excess lobbying expenditures)

Check I if the filing organization checked bo	x A and "limited control" provisions apply		
Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	15,900	
Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
Total lobbying expenditures (add lines 1a and 1	b)	15,900	
O ther exempt purpose expenditures		5,944,802	
Total exempt purpose expenditures (add lines 1	c and 1d)	5,960,702	
Lobbying nontaxable amount Enter the amount columns	from the following table in both	448,035	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (enter 25% of lir	ne 1f)	112,009	
Subtract line 1g from line 1a If zero or less, ent	er -0 -	0	
Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	369,322	391,602	425,824	448,035	1,634,783			
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,452,175			
c	Total lobbying expenditures	65,715	14,400	24,400	15,900	120,415			
d	Grassroots non-taxable amount	92,331	97,901	106,456	112,009	408,697			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					613,046			
f	Grassroots lobbying expenditures	65,715	14,400	24,400	15,900	120,415			

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art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		
		(2)	(b)

		(6	1)	(D)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		DURING 2011, THE ORGANIZATION INCURRED TOTAL SELF-DEFENSE LOBBYING EXPENSES IN THE AMOUNT OF \$86,700 OF WHICH \$70,800 WAS DIRECT LOBBYING AND \$15,900 WAS GRASSROOTS LOBBYING SELF-DEFENSE DIRECT LOBBYING EXPENSES ARE NOT CONSIDERED LOBBYING EXPENDITURES AND THEREFORE ARE NOT SHOWN ON PART II-A, LINE 1B

DLN: 93493130002332

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number THE PHILANTHROPY ROUNDTABLE 13-2943020 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	easur	es, or O	<u>ther</u>	· Simila	ar Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	_		-		se of its	collectio	n	
а	Public exhibition		d	Г	Loan	or excha	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w they	/ furthe	er the or	ganızatıon	's ex	empt pur	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıon			es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	itions or	other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	/ıng ta	able		_					
										Amo	unt	
С	Beginning balance						L	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/										
Pai	t V Endowment Funds. Complete											
_		(a)Current Year	(b)	Prior \	rear	(c) Two	Years Back	(d)⊺	hree Year	s Back (e	e)Four Y	ears Back
1a	Beginning of year balance											
b	Contributions							₩				
С	Investment earnings or losses											
d	Grants or scholarships							-				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as			•				•		
а	Board designated or quasi-endowment											
b	Permanent endowment ►											
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation 1	that a	re held	d and ad	ministered	l for t	he			
-	organization by	oolon or the organiz		cira c		a ana aa		. 101 (Yes	No
	(i) unrelated organizations									. 3a(i)		
	(ii) related organizations									3a(ii)	<u> </u>	<u> </u>
h	If "Yes" to 3a(II), are the related organizatio	•						•		. 3b		<u> </u>
		e organization's en	dowme	ent fu	nds							
4	Describe in Part XIV the intended uses of th		ν D-		1	10						
4	t VI Land, Buildings, and Equipme		90, Pa				T				1	
4			90, Pa	(;	a) Cost		(b)Cost or basis (oth			umulated eciation	(d) E	ook value
4 Par	t VI Land, Buildings, and Equipme		90, Pa	(;	a) Cost	or other	1 ` '				(d) E	ook value
4 Par 1a l	Description of property		90, Pa	(;	a) Cost	or other	1 ` '				(d) E	ook value
Par la l b l	Description of property		90, Pa	(;	a) Cost	or other	1 ` '				(d) E	ook value
1a l c l	Description of property Land		90, Pa	(;	a) Cost	or other	basis (oth		depre			
1a b c l d f e (Description of property Land	ent. See Form 99	· · ·	(a ba	a) Cost o	or other estment)	basis (oth	ner) 4,855	depre	eciation		ook value 2,088

Part VIII Investments—Other Securities. See	<u>Form 990, Part X, line 1.</u>	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(B)Book value	Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	<u> </u>	Cost or end-of-year market value	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line	•		
	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
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Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. Otion	(b) Book value	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. Pition 5.)	(b) Book value	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. Pition 5.)		
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. Pition 5.)		
Part IX Other Assets. See Form 990, Part X, Im (a) Description (a) Description (b) Description (a) Description (b) Description (c) Description (c) Description (d) Description (e) Description	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) (b) A mount		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) (b) A mount		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) (b) A mount		
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.) (b) A mount		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,837,776
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,960,702
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,877,074
4	Net unrealized gains (losses) on investments	4	-90,101
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-90,101
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,786,973
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	7,747,675
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-90,101
3	Subtract line 2e from line 1	3	7,837,776
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,837,776
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	5,960,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	O
3	Subtract line 2e from line 1	3	5,960,702
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,960,702
Par	* Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAXEXEMPT STATUS THE TAX RETURNS FOR THE FISCAL YEARS ENDED 2008 THROUGH 2010 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2011

DLN: 93493130002332

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE PHILANTHROPY ROUNDTABLE

Attach to Form 990

Employer identification number

13-2943020

Form 990, Part IV	V, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if i	no one recipient rece	eived more than \$5,0	000. Use
a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
) INSTITUTE FOR JMANE STUDIES3301 N IRFAX DR STE 440 RLINGTON,VA 22201	94-1623852	501(C)(3)	250,000				THE PHILANTHROF ROUNDTABLE ADMINISTERS THE WILLIAM E SIMON PRIZE, WHICH PROVIDES A \$250,000 PRIZE PAYABLE TO THE CHARITY OR CHARITIES OF THE PRIZE RECIPIENT'S

Use Schedule I-1 (Form 99	Use Schedule I-1 (Form 990) if additional space is needed.					
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

DLN: 93493130002332

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	orga	aniza	tion
HE PH	IILAI	NTHR	OPY	ROUN	DTABL

Employer identification number

13-2943020

Pa	rt I Questions Regarding Compensatio	on			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	a Receive a severance payment or change-of-control payment?				
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?				Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a	Yes	
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII,				
	subject to the initial contract exception described in Part III	n Regs section 53 4958-4(a)(3)? If "Yes," describe			NI -
•			8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ADAM MEYERSON	(ı) (ıı)	257,000 0	30,000 0	0	38,550 0	18,979 0	344,529	
(2) SHANNON TORONTO	(ı) (ıı)	183,000	12,500 0	0	27,450 0	7,385 0	230,335	
(3) SUE SANTA	(I) (II)	222,000		0	33,300 0	7,445 0	274,245	
(4) THOMAS RILEY	(ı) (ıı)	177,392 0	0	0	24,063 0	14,745 0	216,200	
(5) BRIAN ANDERSON	(ı) (ıı)	117,200	6,500 0	0	18,000	18,600 0	160,300	
(6) JO KWONG	(ı) (ıı)	117,167 0	3,625 0	0	11,063 0	18,600 0	150,455	
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Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	1 '	THOMAS RILEY RECEIVED A SEVERANCE PAYMENT OF \$14,583 IN 2011 IN 2012, AS PART OF THE SAME SEVERANCE AGREEMENT, THE PAYMENT WAS \$29,167
	· ·	THE ORGANIZATION PROVIDED STAFF BONUSES IN 2011 BASED ON ORGANIZATIONAL PERFORMANCE MEASURES WHICH INCLUDED PROGRAMMATIC ACHIEVEMENTS AND FINANCIAL HEALTH

Schedule J (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE PHILANTHROPY ROUNDTABLE **Employer identification number**

13-2943020

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	THE ORGANIZATION CEASED ACTIVITY ON THE INITIATIVE CALLED VOICES FOR PHILANTHROPY IN OCTOBER 2011
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM MANAGEMENT REVIEWS THE DRAFT RETURN PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICES
	FORM 990, PART VI, SECTION B, LINE 12C	THE PHILANTHROPY ROUNDTABLE AND ALL DIRECTORS, OFFICERS AND STAFF SHALL AVOID ANY CONFLICT BETWEEN THEIR RESPECTIVE PERSONAL, PROFESSIONAL, OR BUSINESS INTERESTS AND THE INTERESTS OF THE ORGANIZATION, IN ANY AND ALL ACTIONS TAKEN BY THEM ON BEHALF OF THE PHILANTHROPY ROUNDTABLE IN THEIR RESPECTIVE CAPACITIES TO SERVE LOYALLY, EACH BOARD MEMBER AND EMPLOYEE SHALL IDENTIFY AND BE CONSCIOUS OF CONFLICTS BETWEEN PERSONAL INTERESTS AND ACT WITH CANDOR AND CARE IN DISCLOSING AND RESOLVING CONFLICTS EACH BOARD MEMBER AND EMPLOYEE SHALL ACKNOWLEDGE AND DISCHARGE HIS OR HER DUTY TO DISCLOSE ACTUAL AND POTENTIAL CONFLICTS OF INTEREST IF ANY OFFICER, DIRECTOR OR STAFF MEMBER HAS ANY DIRECT OR INDIRECT INTEREST OR RELATIONSHIP WITH ANY INDIVIDUAL OR ORGANIZATION THAT PROPOSES TO ENTER INTO ANY TRANSACTION WITH THE ROUNDTABLE, THAT PERSON SHALL GIVE NOTICE OF SUCH INTEREST OR RELATIONSHIP AND SHALL THEREAFTER REFRAIN THEMSELVES FROM DISCUSSING OR VOTING ON THE PARTICULAR TRANSACTION IN WHICH HE HAS AN INTEREST, OR OTHERWISE ATTEMPTING TO EXERT ANY INFLUENCE ON THE ROUNDTABLE TO AFFECT A DECISION TO PARTICIPATE OR NOT PARTICIPATE IN SUCH TRANSACTION THE BOARD WILL MAKE DECISIONS, AS REQUIRED, TO AVOID ACTUAL CONFLICT OF INTEREST. THE BOARD WILL ALSO REVIEW AND REVISE THIS POLICY AS NEEDED
	FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD DETERMINES THE COMPENSATION OF THE PRESIDENT ANNUALLY USING THE FORM 990 OF SIMILAR ORGANIZATIONS THIS PROCESS WAS LAST PERFORMED IN 2011 THE BOARD ALSO REVIEWS THE COMPENSATION FOR OTHER EMPLOYEES
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -90,101
	FORM 990, PART XI, LINE 2C	THE OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED